

CITY OF MENOMONIE

Application for CAB DRIVER License

Date of Application _____

TO THE COUNCIL OF THE CITY OF MENOMONIE:

I hereby apply for a license to drive taxi cab for a period ending June 30, 200____.

I certify to the following:

Name of Applicant _____
(First) (Middle) (Last)

Address of Applicant _____

Date of birth _____ Age _____

Applicant home phone number _____

Drivers License Number _____

Drivers License Expiration Date _____

Person or Company for whom driving _____

Signature of Applicant

I hereby authorize the Menomonie Police Department to furnish all information pertaining to my application for a cab driver license to the licensing authorities of the City of Menomonie. This release is authorized with full understanding that the information will be safeguarded against unauthorized disclosure to any party not having a legitimate need for it in the property discharge of official business of the City of Menomonie.

I hereby release the City of Menomonie, it s officers and employees from any liability for damages which may result to me on account of compliance with this authorization.

Signature of Applicant

Fee \$30.00 (License fee \$25.00 #01.43410 - Investigation \$5.00 #01.44210)

Receipt No. _____ Date copy sent to Police Dept. _____